

reflect the overall importance of the subject for the general reader. The superbly written chapter on leprosy and the eye, although of general interest, is longer than that on dermatology, which perhaps is more relevant to Canadian physicians.

This book will be valuable to physicians with an interest in reviewing and updating their knowledge of ophthalmology as it pertains to general medicine; neurologists, ophthalmologists and residents in ophthalmology, in particular, will benefit from the section on neuro-ophthalmologic disorders.

W. BRUCE JACKSON, MD, FRCS[C]
Associate professor of ophthalmology
Royal Victoria Hospital
McGill University
Montreal, PQ

Immunology

Fundamentals of Immunology. 2nd ed. Quentin N. Myrvik and Russell S. Weiser. 510 pp. Illust. Lea & Febiger, Philadelphia, 1984. \$30.75. ISBN 0-8121-0866-3

The first edition of this text was good, concise and simply written, and the material was covered in short sections with clear headings for easy reference. The second edition is the same. However, I am not convinced that it had to be longer, even though additional information was included. Because of the length of this version the group of students who bought the first edition will not necessarily buy the second. There is a need in immunology for a short, simple introductory text. "Fundamentals of Immunology" now goes beyond that but does it quite well.

The only real defect in the book is that the figures differ in quality and clarity — particularly those that present schematic approaches to complex problems.

Students will find this book very useful as an introduction to immunology. Many were helped by the first edition, and I believe many more will also find the second edition instructive.

JOHN BIENENSTOCK, MB, FRCP[C]
Department of Pathology
McMaster University
Health Sciences Centre
Hamilton, Ont.

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Rx Summary

Indications

The following infections when caused by susceptible pathogens:

- ☐ upper and lower respiratory tract (particularly chronic bronchitis and including acute and chronic otitis media)
- ☐ urinary tract: acute, recurrent and chronic
- ☐ genital tract: uncomplicated gonococcal urethritis
- ☐ gastrointestinal tract
- ☐ skin and soft tissue
- ☐ *Pneumocystis carinii* pneumonia in infants and children.

Not indicated in infections due to *Pseudomonas*, *Mycoplasma* or viruses.

Contraindications

Evidence of marked liver damage or renal impairment where repeated serum assays cannot be carried out; blood dyscrasias; known hypersensitivity to trimethoprim or sulfonamides.

During pregnancy, and in newborn or premature infants during first few weeks of life.

Precautions

Benefit should be critically appraised against risk in patients with liver damage, renal damage, urinary obstruction, blood dyscrasias, allergies, or bronchial asthma. Reduce dosage in patients with renal impairment. Do not administer if serum creatinine level is above 2 mg%. Consider possible superinfection with a non-sensitive organism.

Adverse reactions

Most frequent: nausea, vomiting, gastric intolerance, and rash.

Less frequent: diarrhea, constipation, flatulence, anorexia, pyrosis, gastritis, gastroenteritis, urticaria, headache, and liver changes (abnormal elevations in alkaline phosphatase and serum transaminase).

Occasionally reported: glossitis, oliguria, hematuria, tremor, vertigo, alopecia, and elevated BUN, NPN, and serum creatinine.

Hematological changes: primarily, neutropenia and thrombocytopenia, and less frequently, leukopenia, aplastic or hemolytic anemia, purpura, agranulocytosis, and bone marrow depression; occur particularly in the elderly and mostly prove reversible on withdrawal.

Dosage

Children: 6 mg trimethoprim/kg body weight per day, plus 30 mg sulfamethoxazole/kg body weight per day, divided into two equal doses.

Adults and children over 12 years of age:

Standard dosage:

1 'Bactrim' DS 'Roche' tablet or 2 adult tablets, twice daily.

Minimum dosage and dosage for long-term treatment:

1/2 'Bactrim' DS 'Roche' tablet or 1 adult tablet, twice daily.

Maximum dosage (overwhelming infections):

1 1/2 'Bactrim' DS 'Roche' tablets or 3 adult tablets, twice daily.

In acute infections treat for at least 5 days or until patient is asymptomatic for 48 hours; in urinary tract infections, until urine sterile.

Uncomplicated gonorrhea: 2 adult tablets or 1 'Bactrim' DS 'Roche' tablet four times daily for 2 days.

Pneumocystis carinii pneumonia: 20 mg/kg/day trimethoprim and 100 mg/kg/day sulfamethoxazole in four divided doses for 14 days.

Supply

Adult tablets: White, capsule-shaped, biconvex tablet with ROCHE C engraved on one face and BACTRIM and indented score on the other, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole.

Bottles of 100 and 500. Unit dose, boxes of 100.

DS tablets: White, capsule-shaped, biconvex tablet with ROCHE engraved on one face and BACTRIM DS and indented score on the other, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole.


Bottles of 100 and 250.

Suspension: Cherry flavoured, 40 mg trimethoprim

and 200 mg sulfamethoxazole per 5 mL.

Bottles of 100 and 400 mL.

Pediatric tablets:

White, cylindrical biplane tablet with  engraved on one face, single scored on the other with C above and below score line, each containing 20 mg trimethoprim and 100 mg sulfamethoxazole.

Bottles of 100.

Solution for Infusion: 5 mL amber-coloured ampoules, containing 80 mg trimethoprim (16 mg/mL) and 400 mg sulfamethoxazole (80 mg/mL) for infusion with D5W, Ringer's solution or NaCl 0.9% solution. Packs of 25 ampoules.

Product monograph available on request.

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References:

1. Bottone E et al. Evaluation of the clinical efficacy of erythromycin, amoxicillin and co-trimoxazole in the treatment of acute respiratory tract infections in paediatric patients. *Curr Med Res Opin* 1982;8(2):67-74.
2. Cooper J et al. A Comparison between co-trimoxazole and amoxicillin in the treatment of acute otitis media in general practice. *Practitioner* 1976;217:804-09.

'Bactrim' 'Roche' is listed in provincial formularies.



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Etobicoke, Ontario M9C 5J4

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